

Las Virgenes Unified School District Spring 2020 BUS PASS APPLICATION

Instructions: The application deadline is January 24, 2020. Please refer to the Bus Schedule to determine the bus stop nearest your home. Bus assignment is for the entire semester. Bus switching is not permitted. All bus routes, as well as pick-up and drop off times are subject to change at any time based on ridership or traffic conditions. Credit card payment must be done online at www.lvusd.org. If paying by cashier's check or money order, please mail your payment, and the completed application to Las Virgenes Unified School District, Attn: BUS PASS DEPARTMENT, 4111 Las Virgenes Rd., Calabasas, CA 91302. For assistance in selecting a bus stop location, please call (818)880-4257. *Enrollment in the Free & Reduced Price School Meal Program is necessary to receive a free or reduced bus pass. If applying for the Meals Program, please see below regarding documents that must be provided to the Bus Pass Department. Parents/guardians of kindergartners and/or first grade bus riders, please go to the Transportation Page at LVUSD.org for additional information. For any questions regarding this application, please call (818) 878-5236. **Please note**, your student's bus may or may not be equipped with air conditioning.

Student Information – Please Print

	Last Name	First Name	M/F	DOB	School	Grade	Credit Card, Cashier's Check, Money Order Payment or Free and Reduced Fee*	AM Stop #	PM Stop #	Price/ Verification
1										
2										
3										
4										

Parent/Guardian Information – Please Print

Last Name	First Name	Home Phone	Cell Phone	Work Phone
Street Address	City	Zip Code	Email Address	

FEE SCHEDULE PER SEMESTER:

	Round Trip	One Way AM	One Way PM
One Student	\$305.00	\$200.00	\$200.00
2 or more Students	\$245.00	\$155.00	\$155.00

*DISCOUNT APPLIES TO ALL FAMILY MEMEBERS LIVING IN THE SAME HOUSEHOLD.

- Cashier's checks and money orders are accepted. Payments must be made payable to LVUSD Transportation. We can no longer accept cash or personal checks.
- Credit card payment must be made through our website, www.lvusd.org
- If your child should be denied transportation for disciplinary reasons, no refund will be issued.
- Lost passes must be replaced for a fee of \$15.00.
- **Refunds are given only during the first two weeks of the semester or if your child no longer attends a school in the Las Virgenes Unified School District.**
- **Refund requests must be made within the semester the bus pass was purchased and issued.**
- **No pass will be issued unless the application has been signed and dated below.**

It is highly recommended that applications be submitted early. All applications are processed based on availability and space is limited.

I have reviewed the rules regarding bus conduct and safety with my child and kept a copy for future reference. I agree that my child will adhere and abide by them. Furthermore, I understand that should my child not comply, transportation may be denied. In this event, I have the responsibility to arrange for transportation for my child. (Parent/Guardian please initial)

I want to be considered for a free or reduced bus pass.

*Yes, I have attached a copy of my proof of enrollment (eligibility status) in the Free and Reduced School Meals Program. Please note, the Child Nutrition office cannot release eligibility status to the Transportation Dept. (please initial)

Parent/Guardian SIGNATURE _____ Date _____

Parent/Guardian PRINT _____

Student Last Name: _____

Date: _____

Las Virgenes Unified School District

BUS PASS DEPARTMENT

4111 N. Las Virgenes Road, Calabasas, CA 91302

Phone: (818) 878-5266, Fax: (818) 880-6810

STUDENT EMERGENCY TRANSPORTATION FORM

Please Print (Last Name, First Name)

1. Student's Name _____ Grade _____ School _____

2. Student's Name _____ Grade _____ School _____

3. Student's Name _____ Grade _____ School _____

4. Student's Name _____ Grade _____ School _____

5. Student's Name _____ Grade _____ School _____

Home Address: _____ City _____ Zip _____

Home Phone: () _____ Email Address: _____

Father's Name: _____ Cell Phone: () _____ Work Phone: () _____

Mother's Name: _____ Cell Phone: () _____ Work Phone: () _____

Emergency Name(s) and Phone Number(s) of person(s) to contact:

Name: _____ Phone: () _____ Relationship to student(s) _____

Name: _____ Phone: () _____ Relationship to student(s) _____

Name: _____ Phone: () _____ Relationship to student(s) _____

Name: _____ Phone: () _____ Relationship to student(s) _____

